



# Adaptive device for disease awareness and treatment adherence of asthma in children

Alexandra Delmas, Cécile Magnier, Catherine Argillier

## ► To cite this version:

Alexandra Delmas, Cécile Magnier, Catherine Argillier. Adaptive device for disease awareness and treatment adherence of asthma in children. 5th Conference in Health Ergonomic and Patient Safety , Oct 2016, Toulouse, France. . hal-01412960

**HAL Id: hal-01412960**

**<https://inria.hal.science/hal-01412960>**

Submitted on 9 Dec 2016

**HAL** is a multi-disciplinary open access archive for the deposit and dissemination of scientific research documents, whether they are published or not. The documents may come from teaching and research institutions in France or abroad, or from public or private research centers.

L'archive ouverte pluridisciplinaire **HAL**, est destinée au dépôt et à la diffusion de documents scientifiques de niveau recherche, publiés ou non, émanant des établissements d'enseignement et de recherche français ou étrangers, des laboratoires publics ou privés.

## Adaptive device for disease awareness and treatment adherence of asthma in children

Delmas Alexandra<sup>1\*</sup>, Magnier Cécile<sup>2</sup>, Argillier Catherine<sup>3</sup>

<sup>1</sup>*ItWell SAS&Inria Flowers Team (Bordeaux – France);* <sup>2</sup>*ItWell SAS (Bordeaux – France);*

<sup>3</sup>*ItWell Group (Paris – France)*

\*e-mail: adelmas@itwell-group.com

### 1. Introduction and context

In 2006, a national study revealed that there were 4,15 million of people with asthma in France, which represented 6,7% of the population (Afrite, Allonier, Com-Ruelle, & Le Guen, 2011). This chronic disease had generated 43 000 hospitalizations between 2005 and 2007 (Fuhrman et al., 2011). Nowadays, it is still responsible for 1000 death annually (Tual, Godard, Bousquet and Annesi-Maesano, 2008). Asthma is the first chronic disease in children: that concerns 10% of them (Darras&Demoly, 2006). This is a real public health issue, because its frequency and gravity increase since 2000's in this specific population (Delmas et al., 2014).

The main identified problem in asthma kids is the low rate of treatment adherence. Indeed, only 50% of them are taking their treatments as prescribed (duration, dosage...), and adopts healthy behaviors to avoid symptoms or crisis (de Blic, 2007). Moreover, 26% don't control their asthma, i.e. they can have crisis whenever (de Blic et al., 2009).

### 2. State of the art

To increase adherence rate, there is some strategies as therapeutic education programs (improve disease knowledge and management) (ANAES, 1998) and numerical technologies as serious games (Bronkie the Bronchiasaurus(Kato, 2010; Lieberman, 2001), ...) or mobile applications (My Asthma Pal (Abril, 2015), ...), but they all focus on short-term results. Furthermore, those learning systems are the same for all children, and it is proved that personalized program is more efficient than generic learning (Lopes, Clement, Roy, & Oudeyer, 2014).

### 3. Objectives and Methods

This thesis project, in collaboration with Inria Flowers Team, have the objective to create a personalized tool, named *KidBreath*, which is based on processes used in therapeutic education for children from 8 to 11 year old. Our easy to use solution is available on computers and tablets, and is design to allow children to use it autonomously.

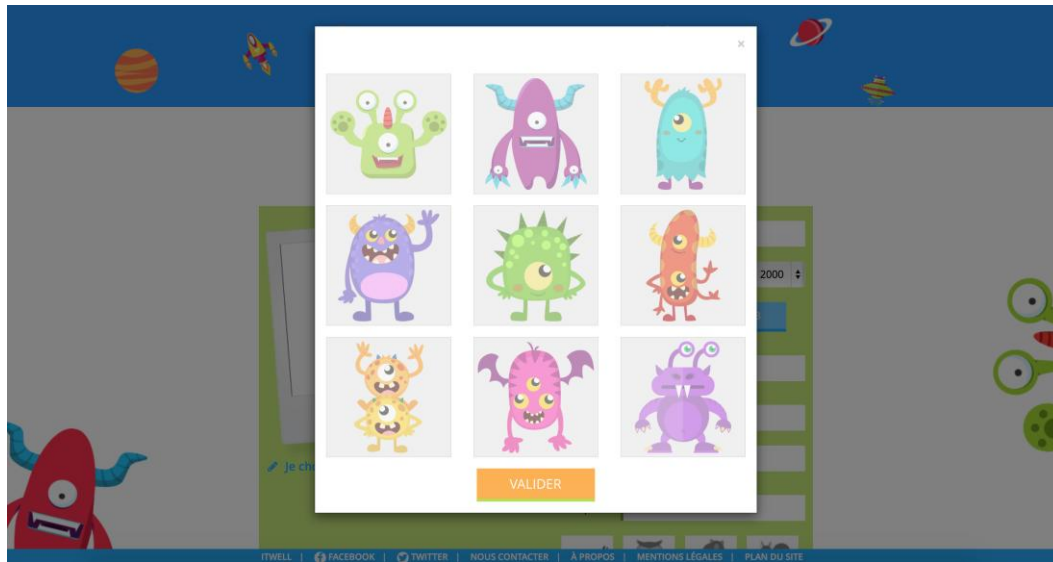
*KidBreath* is composed by several interactive contents linked to asthma and displayed to different forms: learning activities with quiz, short games and videos. Asthma experts like health educators, pulmonologists, and pediatricians validated all the proposed content in the application.

The main goal of our project is to improve disease awareness. For this, we will care about three sub-components: usability, knowledge and motivation.

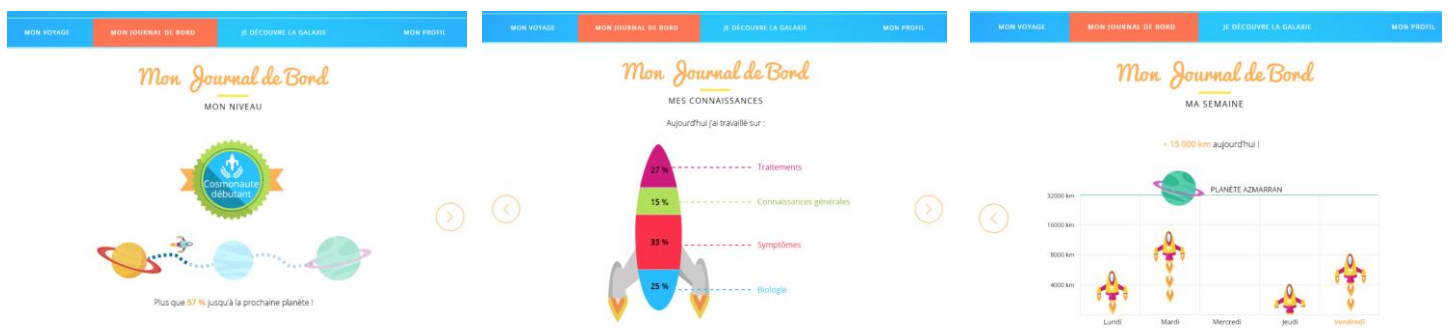
#### 3.1. Usability

The interfaces are tailored to children. Indeed, they had been designed with iterative and user-centered methods such as:

- Participative workshops with children (Newell & Gregor, 2000),
- User tests (Daumal, 2012)
- Gamification features, for example: choose your own avatar (Fig.1) or visualize your performance evolution (Fig.2) (Mulletier, Bertholet, & Lang, 2014).



*Fig.1: Choice of avatar during inscription*

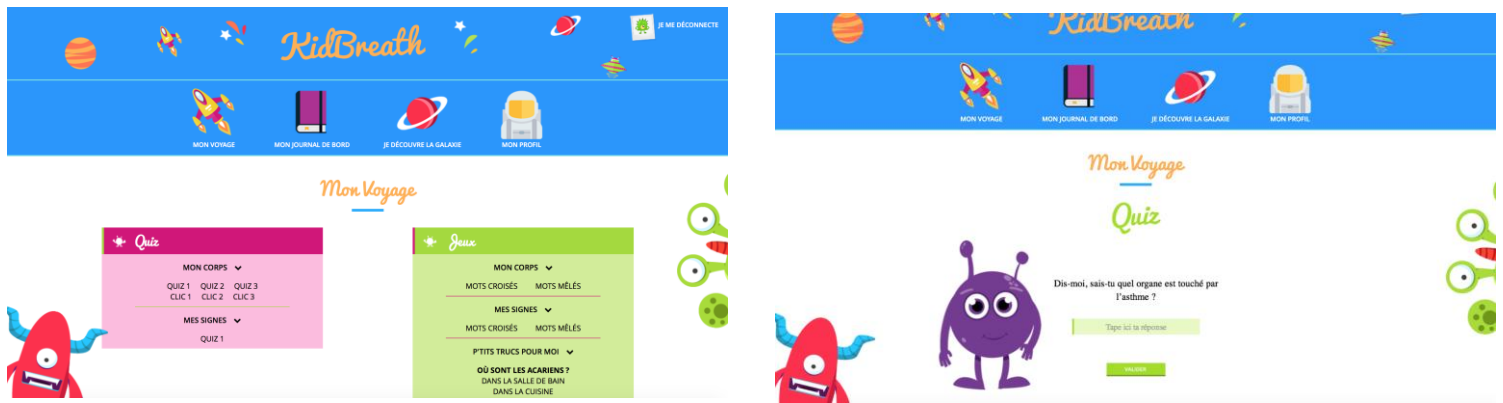


*Fig.2: Visualization of what the child does on KidBreath (left : level reached; center : subjects seen today; right : time spent this week)*

Because more the system is easy to use, more the objective will be reached with efficacy, efficiency and satisfaction (ISO 9241-11), we first checked the ergonomic criteria of Bastien&Scapin(Bastien & Scapin, 1993)and then we plan to evaluate *KidBreath*'s usability with the System Usability Scale (Brooke et al., 1996).

### 3.2.Motivation & Knowledge

We add some features to increase asthma kids motivation to continue to make learning activities. To evaluate if the possibility of choosing activities (Fig.3) can maintain motivationand increase learning instead of non-possibility,first we will used the motivation questionnaire made by Cordova &Lepper(Cordova & Lepper, 1996).For the evaluation of knowledge about asthma, we will use a knowledge questionnaire in pre and post-test session (using the same questions encountered in the activities).



*Fig.3: Learning activities interface in “choice” condition (left), and in “no-choice” condition (displayed in random) (right)*

#### 4. Results & Discussion

First, we conducted a participative design workshop with forty kids aged 8 in order to iterate over the application interfaces. Then we realized a focus group with 5 asthma kids to validate the global comprehension of a part of the content. It revealed that children wanted more contents about the crisis treatment. Finally, we experimented two conditions in 40 control children, one giving the possibility of choosing activities like the child wants, and one no giving this choice (activities displayed in random). Results are in progress, but we hypothesized that *KidBreath* is easy to use, children acquire more knowledge and are more motivated using this system in the choice condition rather than no-choice condition.

#### 5. Conclusion & perspectives

Until now, therapeutic observance was used to define the patient behavior when he takes his medication as prescribed and adopts healthy behavior. Nowadays, this term is pejoratively used and tends to mean there is bad observant and good observant. It is progressively replaced by the term therapeutic adherence, which precise that the change of behavior must involve an evolution of the psychological view. This paradigm explains our approach: if we want to change disease awareness and consequently healthy behavior (decrease of accidents by iatrogenic effects), we have to improve factors which influence it: usability (ergonomic approach), knowledge (cognitive approach) and motivation (psychological approach).

In the next version, we will implement an Intelligent Tutorial System composed to learning optimization algorithms. These algorithms, implemented first for the KidLearn Project (Clement, Roy, Oudeyer, & Lopes, 2013), use child success rate and the Zone of Proximal Development (Lopes et al., 2014), which is the “zone” where learning activities are neither too easy (to avoid child boredom), nor too difficult (to avoid abandonment). In this way, the activities proposed fit to each child learning style (memory capacity, initial knowledge, information perceptions). To evaluate if a personalized system improves disease knowledge more efficiently than a generic learning system, we will use the same knowledge questionnaire described above.

Finally we will evaluate the impact of *KidBreath* on perception of asthma with the Illness Perception Questionnaire adapted to the target population (Broadbent, Petrie, Main, & Weinman, 2006; Chateaux & Spitz, 2006), and the behavior (Parent’s observations, treatments dose counting, reduction of doctor’s appointment).

**Keywords:**Adherence, Asthma, Therapeutic Education, Intelligent Tutoring System

## **Acknowledgements**

I would like to thank all of partners who helped me in the creation of *KidBreath* and who gave me the possibility to experiment my tool in the target population. Especially:

- The CETB team;
- All of doctors who validated contents in the application and helped me to find families of asthma children for experiments;
- School and actors associated who permitted me to test first version of *KidBreath* in control children.
- Inria Flowers Team, who helped me to implement processes for the test of this first version.

## **References**

- Abril, D. (2015, September 29). Exclusive: Children's Health launches mobile app to help patients manage asthma. Retrieved from <http://www.bizjournals.com/dallas/blog/techflash/2015/09/exclusive-childrens-health-launches-mobile-app-to.html>
- Afrite, A., Allonier, C., Com-Ruelle, L., & Le Guen, N. (2011). *L'asthme en France en 2006 : prévalence, contrôle et déterminants* (No. 549) (p. 122). Paris: IRDES.
- ANAES. (1998). Service des recommandations et références professionnelles. *Les Examens Préopératoires Systématiques*. Paris.
- Bastien, J. M. C., & Scapin, D. L. (1993). *Ergonomic Criteria for the Evaluation of Human-Computer Interfaces* (Technical Report No. 156) (p. 83).
- Broadbent, E., Petrie, K. J., Main, J., & Weinman, J. (2006). The Brief Illness Perception Questionnaire. *Journal of Psychosomatic Research*, 60(6), 631–637. <http://doi.org/10.1016/j.jpsychores.2005.10.020>
- Brooke, J., & others. (1996). SUS-A quick and dirty usability scale. *Usability Evaluation in Industry*, 189(194), 4–7.
- Chateaux, V., & Spitz, E. (2006). Perception de la maladie et adhérence thérapeutique chez des enfants asthmatiques. *Pratiques Psychologiques*, 12(1), 1–16. <http://doi.org/10.1016/j.prps.2006.01.001>
- Clement, B., Roy, D., Oudeyer, P.-Y., & Lopes, M. (2013). Multi-Armed Bandits for Intelligent Tutoring Systems. *arXiv Preprint arXiv:1310.3174*. Retrieved from <http://arxiv.org/abs/1310.3174>
- Cordova, D. I., & Lepper, M. R. (1996). Intrinsic motivation and the process of learning: Beneficial effects of contextualization, personalization, and choice. *Journal of Educational Psychology*, 88(4), 715.
- Daumal, S. (2012). *Design d'expérience utilisateur : Principes et méthodes UX*. Paris: Eyrolles.
- de Blic, J. (2007). Observance thérapeutique chez l'enfant asthmatique: Recommandations pour la pratique clinique. *Revue Des Maladies Respiratoires*, 24(4), 419–425. <http://doi.org/10.1019/20064255>
- de Blic, J., Boucot, I., Pribil, C., Robert, J., Huas, D., & Marguet, C. (2009). Control of asthma in children: still unacceptable? A French cross-sectional study. *Respiratory Medicine*, 103(9), 1383–1391. <http://doi.org/10.1016/j.rmed.2009.03.006>
- Delmas, M.-C., Guignon, N., Leynaert, B., Com-Ruelle, L., Annesi-Maesano, I., Chardon, O., & Fuhrman, C. (2014). Évolution de la prévalence de l'asthme chez l'enfant et France : enquêtes nationales en milieu scolaire 2003-2008. *Bulletin Épidémiologique Hebdomadaire*, (20), 360–365.
- Fuhrman, C., Nicolau, J., Rey, G., Solet, J.-L., Quénel, P., Jouglu, E., & Delmas, M.-C. (2011). Asthme et BPCO : taux d'hospitalisation et de mortalité dans les départements d'outre-mer et en France métropolitaine, 2005-2007. *Bulletin Épidémiologique Hebdomadaire*, (13-14), 168–172.
- Kato, P. M. (2010). Video games in health care: Closing the gap. *Review of General Psychology*, 14(2), 113–121. <http://doi.org/10.1037/a0019441>
- Lieberman, D., A. (2001). Management of Chronic Pediatric Diseases with Interactive Health Games: Theory and Research Findings. *Journal of Ambulatory Care Management*, 24(1), 26–38.
- Lopes, M., Clement, B., Roy, D., & Oudeyer, P.-Y. (2014). Developmental Learning for Intelligent Tutoring Systems. In *IEEE ICDL-Epirob-The Fourth Joint IEEE International Conference on Development and Learning and on Epigenetic Robotics*. Retrieved from [https://hal.inria.fr/file/index/docid/1061195/filename/14icdl\\_kidlearn-smaller.pdf](https://hal.inria.fr/file/index/docid/1061195/filename/14icdl_kidlearn-smaller.pdf)
- Mulletier, C., Bertholet, G., & Lang, T. (2014). *La Gamification, ou l'art d'utiliser les mécaniques du jeu dans votre business*. (Eyrolles).
- Newell, A., F., & Gregor, P. (2000). User Sensitive Inclusive Design - in Search of a New Paradigm (pp. 39–44). Presented at the Proceeding on the 2000 Conference on Universal Usability, New York, NY, USA.